



Program Additions

Utah Department of Workforce Services (DWS) APPLICATION TO PROVIDE OCCUPATIONAL SKILLS TRAINING SERVICES Program Additions

Part A: School Information

School Information	
School Name	
Street	
City, State & Zip Code	
If mailing address differs from the training location, please provide that address:	
Contact Name	
Contact Phone Number	
Contact Fax Number	
Contact E-mail	
Toll Free Number	
Web Address	
Length of time in business; include start date of business.	
Other Names Operated Under	

Part B: Program Information: The following information is required for each program seeking approval. Please attach additional pages if needed.

Program Name	
If accreditation is required and you do not have institution-wide accreditation, is this program accredited?	NO / YES / NA (if yes, please provide a copy of your current letter of accreditation)
Is one of the goals of your program to have your students satisfy the education requirements for licensure by the Division of Occupational and Professional Licensing (DOPL) or any other licensing agency?	NO / YES (if yes, please provide the following: Type of license: _____ Agency that will issue the license: _____ Please attach documentation that your curriculum has been reviewed by DOPL or other licensing agency, and documentation that your instructors are licensed by DOPL or other licensing agency to practice the occupation or profession that is taught.)
Completion Rate (%)	



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Graduates in Unsubsidized Employment (%)	
Wage at Placement	
Type of certification, license or accreditation that students completing the program obtain	
Certification (%)	
Program Cost: Please include the cost for tuition, fees, books, supplies etc.	
Program Information (Please include length of training, overview of curriculum etc.)	

Part C: Before sending, please verify that the following is included with the application:

- ☐ Documentation of registration or exemption from registration as a proprietary school with the Utah Division of Consumer Protection. If you are in your review year, please also provide your Review Registration Approval Letter from the Utah Division of Consumer Protection.
- ☐ A copy of your current letter of institution-wide accreditation, and/or current letter of accreditation for each program for which you are seeking approval, if applicable. (Please note that the accreditation certificate is not sufficient documentation.)
- ☐ Documentation that your curriculum and instructors have been reviewed by DOPL or other licensing agency, if applicable.

Please note that if any information is missing, fraudulent or required documents are not attached to the application, it will delay the process for approval or denial.

By signing this application, you are agreeing that your school will:

- ☐ Provide DWS students with progress and attendance reports upon request.
- ☐ Notify DWS of any changes including addition or deletion of courses, programs or locations, changes in program cost, accreditation, approval, certification and/or license and relocation or change of ownership. Depending on the change, it may require a new application approval process.
- ☐ Provide services in a professional and timely manner.
- ☐ Have an adequate facility that abides with ADA guidelines.
- ☐ Abide by the DWS Equal Opportunity Clause:
 - Section 188 of the Workforce Investment Act of 1998 (WIA), which prohibits discrimination against all individuals in the United States on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and against beneficiaries on the basis of either citizenship/status as a lawfully admitted immigrant authorized to work in the United States or participation in any WIA Title I – financially assisted program or activity:
 - Title VII of the Civil Rights Act of 1964, as amended, which prohibits discrimination on the basis of race, color, and national origin;



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- Section 504 of the Rehabilitation Act of 1973, as amended, which prohibits discrimination against qualified individuals with disabilities;
 - The Age Discrimination Act of 1975, as amended, which prohibits discrimination on the basis of age;
 - And Title IX of the Education Amendments of 1972, as amended which prohibits discrimination on the basis of sex in education programs.
- ☐ Not recruit on DWS premises without DWS Employment Center Manager's approval.
 - ☐ Not rely solely on funds from DWS to remain in business.
 - ☐ Not use your organization or corporate names and logos, or pass out materials identifying yourself to the media, to business or other organizations/associations, or to individuals, in the context of conducting any DWS operations or contracted services.

I certify that the information contained herein is complete and accurate to the best of my knowledge, and is furnished for the purpose of obtaining DWS approval to offer services in the State of Utah, and in conformity with the standards set forth by the State of Utah.

Should circumstances result in any modifications of the content, I will advise DWS. I understand that failure to abide by the rules may result in a further review of services and possible termination of application status or approval of services.

Printed Name

Signature

Date

Mail the completed application and required documentation to:

Attn: Kathleen Johnson
Department of Workforce Services – OSD
140 E 300 S
Salt Lake City UT 84111



Vendor Number Application/Update (Substitute W-9 Certification)

Ownership Type that Applies to You or Your Business (Select one and supply a SSN or EIN as applicable)

☐ **Individual**

SSN _____

☐ **Governmental Entity**

EIN _____

☐ **Sole Proprietorship**

(Includes one-member Limited Liability Companies)

☐ SSN ☐ EIN _____

☐ **Nonprofit Corporation**

EIN _____

☐ **Partnership**

(Includes Limited Liability Companies with two or more member)

EIN _____

☐ **Trust**

EIN _____

☐ **Corporation**

(Professional Corporation, S-Corp, etc.)

EIN _____

☐ **Other**

(Be specific)

EIN _____

Type of Business (Select Yes or No as applicable)

Does your business provide Medical Services? ☐ Yes ☐ No

Does your business provide Legal Services? ☐ Yes ☐ No

Name

Name as reported to IRS (for individuals & sole proprietors this should be the name of the individual) _____

Business Name, Trade Name or DBA (if different then above) _____

Address for Payments

Street Address

City

State

Zip Code

NOTE: If you prefer to receive payments as Electronic Funds Transfers (EFT) to your bank account, complete an FI 16V - Direct Deposit Authorization for Electronic Funds Transfers (EFT) for Vendors. This form is available at <http://efinance.state.ut.us/evendor>.

Certification

IRS regulations state that if you fail to provide the correct *Social Security Number* or *Employer Identification Number* requested above, you may be subject to a penalty. If you willfully provide false information you may be subject to criminal penalties including fines and/or imprisonment.

I, the undersigned certify that I am authorized to provide the above information and the information is true and correct.

Authorized Signature

Printed Name

Title

Date

Email Address

Telephone Number

Fax Number

Return to: _____ or Fax to: _____
Department of Workforce Services

Telephone: _____



Direct Deposit Authorization Form for Electronic Funds Transfers (EFT) for Vendors

Payee Information

Name of Business or Individual		Vendor Code	SSN or EIN	
Street Address	City	State	Zip Code	

Option 1

Attach a voided check and sign the *Authorization for Setup* below. (A photocopy of a voided check will not be accepted). Do not attach a deposit slip since deposit slips do not contain sufficient information for processing.

Option 2

Provide financial institution and account information on this form and sign the *Authorization for Setup* below.

Financial Institution

Financial Institution Name		City	State	Zip Code
Routing Transit Number (9 DIGITS)		Account Number	Type of Account	
			Checking	Savings

Authorization for Setup

I hereby authorize the State of Utah ("the State") to initiate credit entries to the account number listed above ("this account"). I further authorize the State to correct credit entries made in error to this account. I agree that this AUTHORIZATION FOR SETUP is to remain in full force and effect until the State has received written notification from me of its termination, in such time and manner as to afford the State and the Financial Institution a reasonable opportunity to act upon my notification. I recognize that if I fail to provide complete or accurate information on the above DIRECT DEPOSIT AUTHORIZATION FORM FOR ELECTRONIC FUNDS TRANSFERS (EFT) FOR VENDORS ("this form"), the processing of this form may be delayed and/or my payments may be erroneously transferred. In the event that funds are erroneously transferred due to my failure to provide complete or accurate information on this form, I hereby hold the State harmless for the recovery of such erroneous transfers, notwithstanding any reasonable attempts made by the State to correct such errors.

I, the undersigned certify that I am authorized to provide the above information and the information is true and correct.

Authorized Signature	Printed Name	Title	
Date (mm/dd/yyyy)	Email Address	Telephone Number (xxxxxxxxxx)	Fax Number (xxxxxxxxxx)